PTO/SB/08B (07-05)

Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/593,550	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Filing Date	September 19, 2006	
(use as many sheets as necessary)				First Named Inventor	Hisae Kume	
				Art Unit	1761	
				Examiner Name	Not yet assigned	
Sheet	1	of	1	Attorney Docket Number	SPO-129	

Examiner Initials*	Cite No. 1	include name of the author (in CAPITAL LETTERS), title of the article, (when appro- item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), number(s), publisher, city and/or country where published.	priate), title of the volume-issue	T ²
	R1	JING, China Health Monthly, 2003, 8, 102-3.		1
	R2			
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	R4			
	R5			-
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	R7			
	R8			_
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Examiner		Date
Signature		Considered
*EXAMINER Initial if	f reference considered, whether or not citation is in conformance with MPE	P 609. Draw line through citation if not in conformance

and not considered. Include copy of this form with next communication to applicant.

Applicant is unque clatafor designation number (collinosis). "Applicant is on place a check mark here if English language Transiation is attached.

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